अपोलो अस्पताल द्वारा शर्तों का अनुपालन न किया जाना

984. **श्री राम देव भंडारीः** क्या प्रधान मंत्री यह बताने की कृपा करेंगे किः

(क) क्या सरकार का ध्यान 27 सितम्बर, 1997 के नवभारत टाइम्स में मूल शर्तों का उल्लघंन कर रहा है अपोलो अस्पताल शीर्षक से प्रकाशित समाचार की ओर दिलाया गया है,

(ख) इस अस्पताल के निर्माण हेतू केन्द्रीय/राज्य सरकार द्वारा प्रदान की गई भूमी और अन्य सहायता का ब्यौरा क्या है,

(ग) इस अस्पताल को सहायता प्रदान करने के संबंध में सरकार द्वारा क्या शर्तें निर्धारित की गई थी,

(घ) क्या इन शर्तों का अनुपालन न किए जाने के बारे में कोई शिकायतें प्राप्त हुई हैं, और

(ड) यदि हां, तो इस संबंथ में सरकार द्वारा क्या कार्यवाही की जा रही है?

स्वास्थ और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्रीमती रेणुका चौधरी)ः (क) से (ग) दिल्ली प्रशासक और मैसर्स अपोलो अस्पताल के बीच हूए करार के अनुसार दिल्ली में एक अस्पताल स्थापित करने के उद्देश्य से इन्द्रप्रस्थ चिकित्सा निगम लिमिटेड के नाम से एक सार्वजनिक लिमिटेड कंपनी का संयुक्त रुप से संवर्धन करने और उसे पंजीकृत करने का निर्णय लिया गया था। राष्ट्रीय राजधानी क्षेत्र दिल्ली सरकार ने अपोलो अस्पताल का 26 प्रतिशत इक्विटी शेयर प्राप्त कर लिया है। भवन के निर्माण के लिए संयुक्त उद्यम कंपनी के आधिकार में रियायती दरों पर 15 एकड़ भूमि भी दी गई । अन्य बातों के साथ यह भी करार हुआ था कि निगम कुल 600 फ्लंगों की क्षमता में से कम से कम एक तिहाई पलंग गरीब मरीजों को उपलब्ध करेगा तथा 40 प्रतिशत बहिरंग निर्धन रोगियों का निः शुल्क उपचार भी करेगा।

(ङ) अपोलो अस्पताल के संबंध में समाचार पत्रों में अनेक रिपोर्टें छपी हैं।

(ड) राष्ट्रीय राजधानी क्षेत्र दिल्ली सरकार से सूचना एकत्र की जा रही है।

AIDS Control Programme in Southern States

985. SHRI N. RAJENDRAN: Will the PRIME MINISTER be pleased to state:

(a) whether Government are making any special efforts to control the AIDS, rehabilitate the victims and spread awareness in Southern States of the country where the number of AIDS victims has reached the alarming counts;

(b) if so, the details thereof; and

(c) the statistics of incidence in the Southern states as of now?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) and (b) A comprehensive programme for prevention and control of AIDS in India is being implemented since 1992 in all the States4JTs, including Southern States, as a centrally sponsored programme. The major thrust area is IEC. The Programme also includes activities to control Sexually Transmitted Diseases; improve Blood Safety; build surveillance and clinical management capacity and strengthen programme management capacity for HTV Control. In Tamil Nadu, USAI assisted AIDS Prevention and Control Project is being undertaken by an NGO Voluntary Health Services, Chennai. The total cost of the Project is US $ 10 Million.

(c) As reported to NACO as on 31.10.97 are as follows:

State	No. of cases	
	HIV Positive	AIDS Cases
Tamil Nadu	10009	1092
Kerala	215	105
Karnataka Andhra	3407	117
Pradesh	693	37
Pondicherry	2532	129

Re-Emergence of Infections Diseases in the Country

986. SHRI VEDPRAKASH P. GOYAL: Will the PRIME MINISTER be pleased to state:

(a) whether, Government are aware of the re-emergence of infectious diseases

such as T.B., Malaria, etc. as warned by W.H.O.;

(b) the reasons for the re-emcrgencc of these deadly diseases in the country;

(c) the criteria to determine an epidemics;

(d) what effective steps are being initiated by Government to thwart these epidemics;

(e) whether Government have initiated any research to control these diseases; and

(f) what assistance is being provided by Government to the victims in case of such epidemics?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) and (b) Yes, Sir. The World Health Organisation has called for a global alert on re-mergence of infectious diseases that had been wiped out earlier.

Amongst the factors influencing the re-emergence of infectious diseases are poor living conditions, changes in the ecology of the region alongwith the failure of public health measures including inadequate safe drinking water, sanitation, development of projects (dams and irrigation) which are conducive for re-emergence of diseases like vector borne diseases, industrialisation leading to environmental degradation with health consequences, unplanned urbanization and excessive population growth creating optimal conditions for the entry and spread of infectious diseases in congested colonies. Besides this, growing trade, tourism and travel leads to greater inter mingling of population.

(c) Epidemic is an unsual occurrence of disease in a community or region which is clearly in excess of expected frequency.

(d) The Govt, has initiated steps to strengthen the disease surveillance system which will include establishment of early worning signals with appropriate laboratory support for early detection of outbreak and epidemics, National disease control programmes already have the input for disease control and improved surveillance will enable timely action to be taken for controlling epidemics. In the case of Malaria Eradication Programme an elaborate system has already been set up in collaboration with State Govt, for detecting outbreaks and taking prompt action.

(e) Research for control of these diseases is a continuing activity undertaken by ICMR, NICD and other institutions.

(f) Whenever epidemics takes place, the Govt, undertakes control measures which includes effective treatment for the patients.

Sale of Scheduled Drugs without Prescriptions

987. SHRI AMAR SINGH: Will the PRIME MINISTER be pleased to state:

(a) whether Government are aware that chemists in Delhi/New Delhi are selling medicines like Astemi zole, Atenolol and others which fall under Schedule H of the Drugs and Cosmetics Rules, 1945 without any prescriptions and if so, what is Government's reaction in this regard; and

(b) what is the number of raids conducted by the Drugs Inspectors against such chemists and the number of chemists booked for such irregularities during the last two years and with what results?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) According to the Govt, of the National Capital Territory of Delhi (GNCT) the Drugs Control Administration of GNCT received complaints alleging sale of Schedule 'H' drugs like Astemizole, tablets covered under Schedule H of the Drugs and Cosmetics Rules, 1945 without prescription by the Chemists and Druggists licenced in DelhWew Delhi.